

**Year 2**  
**Direct Support Professional Training**

# **Resource Guide**



## **Session #2** **Person-Centered Planning** **and Services**

**Department of Education**  
**and the**  
**Regional Occupational Centers and Programs**  
**in partnership with the**  
**Department of Developmental Services**

**2000**

## List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	<b>Person-Centered Planning and Services</b>	<b>3 hours</b>
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	<b>Total Class Sessions</b>	<b>12</b>
	<b>Total Class Time</b>	<b>35 hours</b>

# Key Words

In this session, the key words are:

- Person-Centered Planning
- Choice
- Preferences
- Ask, Observe, Ask Others
- Communication
- Teamwork

## Information Brief

# What Are the Values of Developmental Disabilities Services in California\*

Services for people with developmental disabilities in California are based on an important set of values. These values can be found in the Lanterman Developmental Disabilities Services Act. The Lanterman Act which started our current statewide system of services in the 1970s, begins by mentioning that a vision for the future of California is one where individuals with developmental disabilities can participate in everyday life with their friends, neighbors, and co-workers.

It also mentions that services for people with developmental disabilities are based on the values of choice, relationships, regular lifestyles, health and well-being, rights and responsibilities, and satisfaction. Below is a brief description of those values.

Here is what California law (the Lanterman Act) says about the value of **choice**:

- **services and supports should be based on the individual and his/her needs and preferences;**
  - **individuals** (with help from parents, legal guardians, or conservators when needed) **should take part in decisions about their own lives** (like where and with whom they live,
- 
- Adapted from **Looking at Life Quality**, Department of Developmental Services (1996).

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their relationships with others, the way in which they spend their time, and setting goals for the future);

- **people need to have a chance to practice making decisions and choices;**
- **an individual's choice** (or parents, conservator, or guardian where support is needed) **of service providers should be honored;** and
- **services and supports should change based on the changing needs or preferences of an individual.**

Here is what California law says about the value of **relationships**:

- **people with developmental disabilities have the right to develop relationships, marry, be part of a family, and to be a parent if they choose;**
- **support may be needed to develop intimate relationships** (like transportation, family counseling, or training in human development and sexuality);
- **support may be needed to help people start and keep relationships with friends and other community members.**

Here's what California law says about the value of **regular lifestyles**:

- **people should have a chance to be involved in the life of their community in the same ways as their neighbors, friends and fellow community members;**

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- **services should be provided whenever possible in the home and community settings** where people live and work;
- **cultural preferences should be honored;**
- **individuals should have the training needed to be as independent and productive as possible;**
- **services should be changed as individuals need change;**
- **people should be comfortable where they live, have privacy when they need it, and should have a say in the way their living space is decorated and arranged; and**
- **there should be services and supports which would allow minors with developmental disabilities to live with their families whenever possible.**

Here's what California law says about the value of **health and well-being**:

- **people have a right to be free from harm** and to live a healthy lifestyle;
- **individuals should have a chance to learn how to keep themselves safe**, or have services and supports which will provide safety;
- **individual's have a right to quick medical, mental, and dental care and treatment when they need it; and**
- **people should have access to achieve the best possible health**, or have services and supports which will keep him/her healthy.

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Here's what California law says about the value of **rights and responsibilities**:

- **people with developmental disabilities have the same basic legal rights as other citizens;**
- **individuals with developmental disabilities have a right to treatment and habilitation, dignity, privacy, and humane care, prompt medical care and treatment, religious freedom, social interaction, physical exercise, and, to be free from harm;**
- **people have the right to make choices** in their own lives, such as where to live, who to live with, who to have relationships with, education and employment, leisure, and, planning for the future;
- along with all of these rights are responsibilities, such as respecting the privacy of others, and being an informed voter; and
- **individuals should have a chance to learn about their rights and responsibilities**, and how to advocate for themselves.

Here's what California law says about the value of **satisfaction**:

- **individuals should have a chance to plan goals for the future** and to work towards them;
- **individuals should be satisfied with the services and supports they receive and should have a chance to change them when they are not satisfied;** and
- **people should have a chance to have a quality life.**

## Your Notes

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## **Additional Resource Information Important Questions that Promote Quality of Life**

## **Your Notes**

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As you go about your work in supporting people with developmental disabilities and promoting life quality, ask yourself these simple questions every day:

- **Participation**  
Are there opportunities for participation (even if only partially) in a variety of community and social activities? (for example, a local farmer's market, parades, community concerts, county fairs)
- **Friendship**  
How many friends does the person have? Are there lots of opportunities to interact with and meet people (including people without disabilities who are not staff)? (for example, church, library, coffee shop, attending local baseball games)
- **Relationships**  
What opportunities do people have to be "givers" in a relationship? How are people recognized for their individual gifts and talents? (for example, joining a local walking or hiking club, volunteering at a senior center)
- **Interdependence**  
Are there opportunities for individuals to learn how, when, and where to use available resources to get involved in their communities?



**Your Notes***Review from  
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(for example, classes at the community college, working out at the local gym)

- **Independence**

What skills are people learning that will help promote independence? (for example, self-care, picking out clothes, getting dressed)

- **Meaningful activities**

Are people provided with purposeful activities in meaningful (real) situations? (for example, using a vending machine, shopping for food, cooking)

- **Motivation**

Are the activities people engage in motivating and interesting to them? (for example, helping cook a favorite meal, shopping for favorite items)

- **Choice**

Are there many opportunities for individuals to make choices throughout the entire day. Choices should be a natural part of an individual's life rather than offered as a treat or reward that must first be earned (for example, what clothes to wear, when to get up on Saturday morning, where to live).

- **Respect**

How are people's routines and choices respected? How well do we listen to the people we support? (for example, starting a morning routine with a cup of coffee for one person or taking a shower first for another person).

**Mesaros & Shepard, revised 1999**

## Information Brief (Excerpts from More Than a Meeting) What is Person-Centered Planning?

## Your Notes



### Introduction

Person-centered planning isn't so new and it isn't hard to do. It's really as easy as listening to people with developmental disabilities

(or their families as appropriate) about things like:

- where to live;
- how to spend time each day;
- with whom to spend time; and,
- hopes and dreams for the future.

It's also about supporting people in the choices they make about their life. That can be the hard part!

**Person-centered planning is one way of figuring out where someone is going (life goals) and what kinds of support they need to get there.** Part of it is asking the person, their family, friends and people who work with him or her about the things she or he likes to do (preferences) and can do well (strengths and capabilities). It is also finding out what things get in the way (barriers) of doing the things people like to do. If people can't talk for themselves, then it's important to spend time with them and to ask others who know them well.

We all have hopes and dreams for the future. Some we can work for on our own, many take support from others. Some of our plans for the future will happen, some will not. Important things to remember about person-centered planning are:

- people with developmental disabilities (or their families and friends if they can't speak for themselves) are in the driver's seat; and,
- it's our job to supporting people to achieve their choices, hopes and dreams.

## Person-Centered Planning and the Lanterman Act

The Lanterman Act says that **regional centers will:**

- **do person-centered planning;**
- **make sure that the choices made by the planning team are written into the Individual Program Plan (IPP);**
- **give people all the information they need to make choices for themselves; and**
- **support the many different ways that individuals might choose to live.**

## Your Notes

# The Person-Centered Planning Team

## Your Notes

**Everyone who uses regional center services has a planning team.** The people on the team must be the person who uses regional center services (and family member if someone is under 18 years old, or guardian or conservator if the individual has one), the regional center service coordinator or someone else from the regional center. The team can also include people who are asked to be there by the individual like family, friends and *direct support professionals*.

If someone doesn't speak very well or if someone speaks a different language, then there should also be an interpreter on the team. Remember, the things that people talk about should be easy to understand. It's important to make sure that people have all the information they need to make choices for themselves.

**Team roles and responsibilities.** When a team gets together to work on a person-centered plan, everyone has a job to do.

**Individual and/or Family.** Provide information about needs, preferences, likes, and dislikes.

**Team Leader or Facilitator.** Anyone on the team who wants to help keep the meeting going.

**Team Recorder.** Someone who will take notes at the meeting.

**Team Members.** Everyone who comes to support the person and his or her family in working on a plan.

**Team Meetings.** The team gets together to talk about things, like what's going well for someone and what could be better.

**Remember, person-centered planning is more than a meeting.**

**It's also the job of the team to look at the IPP to make sure that the services that people are getting are supporting their choices and are making a difference in their lives.** If not, then the IPP can be changed by the team. Remember, this kind of planning may take more than one meeting.

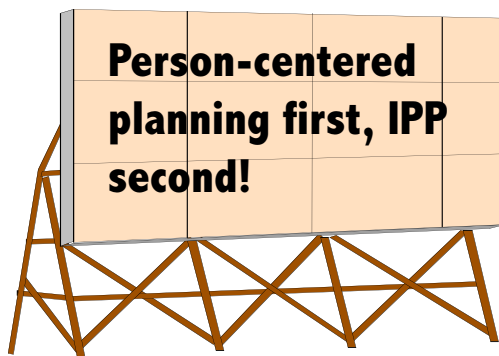
**Some things to remember.** When you are working on a person-centered planning team, there are five important things to remember:

- 1. getting to know someone really well;**
- 2. finding out about what is important to the person;**
- 3. supporting someone's choices about where he or she wants to live, how he or she wants to spend each day, whom he or she wants to spend time with, and his or her hopes and dreams for the future;**
- 4. working with others to come up with a way to make those choices a part of the person's everyday life; and**
- 5. figuring out what supports and services someone needs and wants.**

## **Your Notes**

**Person-Centered Individual Program Plans.** The person-centered planning process helps the team figure out the preferences, needs and choices of an individual. Once that process is completed, the team talks about the kinds of services needed to support the person now and in the future and the person-centered Individual Program Plan is developed. **The plan includes:**

- kinds of services and supports the individual needs,
- who will provide each service and support, and
- how these services and supports will assist the individual to have opportunities to experience what is important to him or her and to get moving towards his/her goals for the future.



## Your Notes

## How One Regional Center Describes the Process

(**Note:** This article is from *Lanterman Regional Center*.)

“Person-centered planning refers to the type of planning process your planning team uses when assisting you to develop your Individual Program Plan (IPP) or Individual Family Support Plan (IFSP). A planning process is person-centered when it focuses or centers on you, the individual or involved family member. **Person-centered planning means focusing on strengths, capabilities and needs in developing a plan that assists you or your family member to achieve an independent, productive and satisfying life.** When the planning team uses a person-centered planning process to assist an individual in developing an IPP, it means that the planning team will:

- Invite people to the IPP meeting whom the individual wants on his or her team.
- Schedule the IPP meeting at a time that is convenient for the individual.
- Focus on the preferences and choices of the individual.
- Give the individual and people in his or her circle of support the information needed to make choices and decisions.
- Support the way the individual chooses to live and spend his or her time.
- Make sure that the services the individual receives are supporting his or her choices.
- Make sure that the services the individual receives make a difference in his or her life.”

## Your Notes

## Information Brief

# The Role of the DSP in Person-Centered Planning

## Your Notes

### Introduction.

Getting to know someone is at the *core* of person-centered planning. Of course, the best way to get to know someone is to spend time doing things together, talking, listening, and watching to figure out what is important to someone. The *Direct Support Professional* is often in the best position to know this information.

Once we understand how an individual wants to spend time each day, whom they want to spend time with, and their hopes and dreams for the future, we will know more about an individual's preferences. The next step is, of course, to figure out ways to support that those preferences with services and supports.

### Ask, Observe, Ask Others, Review Records.

The best way to find out about someone's like and dislikes is to ask him or her. *What's your favorite meal? If you could go anywhere in this town, where would it be? What kinds of music do you like best? What's your favorite weekend activity?*

When an individual cannot speak for him or herself, it's important for the DSP to spend more time observing activities at the home (for example, meal time, outings, free time) and the way that people respond to them. Do you see smiles, frowns, shrugs, eagerness?



This will start to give you an idea of the kinds of things that people like and do not like to do and with whom they like to spend time.

**If someone is new to the home or it's difficult to figure out his or her preferences, it's important to start writing down those preferred choices** (for example, foods at meal time, free time activities).

**You will also want to ask others.** If there are family and friends, or day program staff who know the person well, remember to ask them questions about preferences. *When does he seem to be the happiest? What are her favorite places to go?*

**Finally, you may find additional information about preferences in the individual record.** If there is a summary of a person-centered planning session, you should find a list of likes, dislikes and preferences.

**Recording what you learn. As you learn about individual lifestyle preferences, it's important to communicate them to other staff and to the person-centered planning team.** You might do this in staff meetings, team meetings, a staff log, or in progress notes. This will help create more opportunities for favorite activities, menu items and daily routines. It will also help the team develop a more person-centered Individual Program Plan.



## Your Notes

## Information Brief

# What Does Behavior Communicate?

When people do not communicate with words or signs, it's often difficult to determine their preferences, likes and dislikes. However, **all of us communicate information through our behavior.**

As stated earlier, an important role of the DSP in person-centered planning is to observe behavior. **Individual behavior usually communicates three things:**

1. **What someone wants**
2. **What someone doesn't want**
3. **When someone wants attention**

How would someone's behavior tell you that he or she wanted something? When you offer a person a choice of foods for dinner, he or she might point to a preferred food or look in the direction of that food. Or, if you mention that you are going on an outing to the park and someone quickly exits the house to get into the van, that might tell you that something about the activity (for example, riding in the car, playing frisbee at the park) is a preference.

Sometimes, it's easier to figure out what a person doesn't like. For example, someone might spit out food that he or she did not like, or push away a staff person who wants to help.

Imagine that you don't have words to describe your feelings. How would you let someone know that something was making you happy or unhappy?

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## Information Brief

# Effective Teamwork

**Teamwork is a key to successful person-centered planning and services for people with developmental disabilities.** In addition to the people you work with and support, your team will likely include family members, consultants, health professionals regional center and licensing staff, as well as staff from other community services. So, it's important to know some basics about teams and how they work best.

**What is “teamwork”?**

**Teamwork is about sharing, cooperating, and helping one another.**

**An effective team is a group of people working together with a common purpose, who value each others contributions and are working toward a common goal.** Working through teams usually gets better results than a lot of individual efforts which may be working against each other.

Many experts say trust is basic to successful teamwork. Trust takes time, because it depends on people getting to know each other to see whether they say what they mean, do what they say, and contribute to the work of the team.

Besides **trust**, other values that support teamwork are:

- open, honest communication;
- equal access to information; and
- a focus on the goal.

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**Effective Planning Teams.** As stated earlier, **everyone has an important role to play in the person-centered planning process.**

**Individuals with developmental disabilities and their families, have a big part to play. As team members, they talk about their choices, hopes and dreams and what services and supports they need to be successful.**

Direct Support Professionals provide information about what they see and hear from individuals regarding preferences, likes and dislikes. Most important, they provide services and supports which help individuals work towards their hopes and dreams and support the choices they make about life.

Regional center service coordinators help write up the IPP. They look for service and support when needed. The service coordinator makes sure that the services that people get are the ones they need and want and that they make a difference in someone's life.



## Your Notes

## Information Brief

# Effective Teamwork and Communication with Families

**Note:** Families provide important information about the preferences, likes and dislikes of a relative. Below you will find some good ideas for working and communicating with families. It was adapted from Frontline Initiative (see Resources) and was written by a DSP.

**Introduction.** One of the greatest challenges for a DSP is in successfully communicating with families. As a resident counselor for more than five years, I have worked closely with the families of the three women who live where I work.

In addition to having regular contact with those families who are very involved with their relatives, I encourage contact with family members who don't have much involvement. I believe **one of the most important things to keep in mind is that the goal of communication is to serve the best interests of the individual to whom I provide supports.** Here are some general tips on communication that work for me.

**Take the first step.** All too often, it is a family member who contacts the DSP. The DSP, however, needs to be the one to start the communication. For example, I see the frustration of families who are not notified about staff changes. **Communication about staff change shows your interest in the individual and shows the value you place on families.**

## Your Notes

### **Communicate as soon as possible.**

Early communication is important to get the relationship off to a good start. It is common that the first contact between a DSP and a family member often involves a problem. This is frustrating way for families to start a relationship with the caregiver of a relative. **Communicating early on positive grounds goes a long way in getting the relationship off to a good start.**

**Work as a team. The relationship between families and DSPs should be a positive one. It should be seen as a chance to work together to serve the best interests of the individual.**

**Share information with other staff members. By sharing information provided by families with other staff, the DSP can improve the quality of care they provide.** Further, helping each other learn how to work effectively with family members can be an important part of this communication.

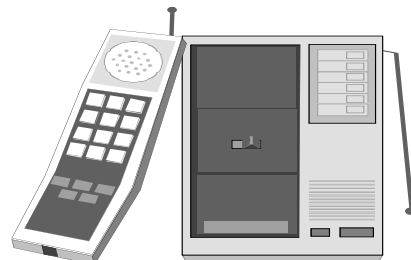
**Use a variety of methods.** Speaking with family members and writing them notes are just two methods of communication. Be creative! Be practical!

**Be honest. Honesty in your interaction with families is very important.** Learn how to best approach family members with what needs to be said. What works well with one family might not work with another.

### **Be an advocate.**

**As DSPs, we have two jobs. We are responsible for the day-to-day care of the individuals we serve and we are also called to advocate on their behalf.** This is probably one of our most important

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functions, as it involves serving the best interest of those with whom we work. At times, being an advocate will involve working together with family members on behalf of the individual. At other times, it might involve advocating on behalf of the individual in matters with which the family might disagree.

**Show you care.** Your genuine concern for the individual, as well as for their family members, will serve you well. Sharing observations with family members as well as asking for their input, will go a long way in maintaining positive communication. Your genuine care and concern will earn you respect that will foster your positive relationship with families.

These are a few ways I have found that have improved both the lives of the people I provide supports to and my work. **As DSPs, we can greatly improve the quality of our services simply by looking for more effective and creative ways to communicate, especially with families.**

*Terri Niland is a Co-Resident  
Counselor for Arc of Montgomery  
County, Maryland*

**Concluding note:** Last, but certainly not least, be sensitive to the individuals you support who may not be enthusiastic about the involvement of their families. Adults who do not have a guardian or conservator, have a right to decide how much family involvement they want. This may be something you have helped individuals and their families work.

## Your Notes

## Key Word Dictionary

### Person-Centered Planning Session #2

#### **Ask, Observe, Ask Others**

The best way to find out about someone's like and dislikes is to ask him or her. When an individual cannot speak for him or herself, it's important for the DSP to spend more time observing activities at the home and the way that people respond to them. If someone is new to the home or it's difficult to figure out his or her preferences, it's important to start writing down preferred choices from the beginning. It's also important to provide those choices again to make sure that your hunches are correct. You will also want to ask others. If there are family and friends, or day program staff who know the person well, remember to ask them questions about preferences. Finally, you may find additional information about preferences in the individual record.

#### **Choice**

A choice is a statement of preference. Selecting something to do from one or more options. Choice opportunities must be provided in a way that each individual understands. Individuals with developmental disabilities have a right to make choices including where and with whom to live, the way they spend their time each day and with whom, what things to do for fun, and plans for the future. Making frequent choices increases one's life enjoyment. Choice means having control and confidence in our lives.

#### **Communication**

Communication is the process of sending and receiving information to others. We communicate for many reasons, including: (1) giving and getting information; (2) expressing feelings; (3) problem solving; (4) teaching; (5) socializing; (6) persuading; (7) decision-making; and (8) building relationships. Regardless of the reason we are communicating, it is important to be clear about the message, and be certain that we understand another person's message to us.

#### **Person-Centered Planning**

Person-centered planning is one way of figuring out where someone is going (life goals) and what kinds of support they need to get there. Part of it is asking the person, their family, friends and people who work with him or her about the things she or he likes to do (preferences) and can do well (strengths and capabilities). It is also finding out what things get in the way (barriers) of doing the things people like to do.



### **Person-Centered Planning Team**

Everyone who uses regional center services has a planning team. The people on the team must be the person who uses regional center services (and family members if someone is under 18 years old), the regional center service coordinator (social worker, case manager, or counselor) or someone else from the regional center. The team can also include people who are asked to be there by the individual like family, friends and *direct support professionals*.

### **Preferences**

Preferences are things like how an individual wants to spend time each day, the kinds of food someone prefers, their personal and cultural traditions, family connections, friendships whom they want to spend time with, and their hopes and dreams for the future.

### **Teamwork**

Teamwork is about sharing, cooperating, and helping one another. An effective team is a group of people working together with a common purpose, who value each others contributions and are working toward a common goal. Working through teams usually gets better results than a lot of individual efforts which may be working against each other.

### If You Want to Read More About Person-Centered Planning and Services

#### **A Workbook for Your Personal Passport**

by Allen, Shea & Associates (1996) with special thanks to: Patsy Davies, Claudia Forrest, Mark Rice and Steve Sweet

This workbook is for people with developmental disabilities and their friends and families who want to learn more about person-centered planning. It also provides an easy way to work on a first plan.

#### **All My Life's A Circle**

##### **Using the Tools: Circles, MAPS & PATHS**

This booklet (1994) was written by Mary Falvey, Marsha Forest, Jack Pearpoint, and Richard Rosenberg.

It's all you wanted to know about how these three powerful processes work. Available from Inclusion Press International, 24 Thome Crescent, Toronto, ON, Canada M6H 2S5, tel: (416) 658-5363, fax: (416) 658-5067, e-mail: [includer@idirect.com](mailto:includer@idirect.com), CompuServe: 74640,1124.

#### **Developing First Plans! A Guide to Developing Essential Lifestyle Plans**

by Michael Smull & Bill Allen; Self-Published (1999)

Essential lifestyle planning is one form of person centered planning. It is a way to learn what is important to each person in everyday life. This manual is intended for use by those who have completed training in how to develop plans. It is **not** a substitute for training and should not be used without training. For more information about training, visit [www.allenshea.com](http://www.allenshea.com) and click on *M. Smull and Friends*.

#### **It's Never Too Early, It's Never too Late!**

by Beth Mount and Kay Zwernik (1988) from the Governor's Planning Council on Developmental Disabilities

The goals of personal futures planning are to help someone develop a picture of what the future will look like for him or her, to build a circle of people who will help support that picture or plan, and to take some first steps. For more information on how to use personal futures planning, you can get a copy of this booklet from the Governor's Planning Council on Developmental Disabilities, 300 Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, tel: (612) 296-4018, fax (612) 297-7200.

**Listen, Understand, Plan, Support: A Resource Guide on Individual-Centered Planning**

developed by Allen, Shea & Associates for CARF . . . The Rehabilitation Accreditation Commission (1996)

In this resource guide, you will find some general information about: the basic concepts of individual-centered planning; an example of the process from information gathering to plan development; ideas about facilitating a planning team; additional resources you can purchase which will provide more information about planning in this way; some brief articles about planning in different service environments; and several checklists to help you look at your planning process.

**My Life Planner; Letting Go; Dream Deck**

by Emilee Curtis and Milly Dezelsky (1993)

*My Life Planner* and *Letting Go* (1993) provide a variety of activities to assist people with developmental disabilities and family members in planning for the future and figuring out more about their preferred lifestyles, interests, and preferences. *Dream Deck* (1993) is a visual approach to finding out more about preferred activities and interests. For information on purchasing these and other great documents, contact New Hats, Inc., P.O. Box 57567, Salt Lake City, Utah 84157-7567

## Additional Resource

# Joan's Meeting: A Person-Centered Approach

(Note: The information outlined below is provided to give you an example of how a person-centered planning meeting would flow.)

**The Focus Person.** Joan was 20 years old when her family asked to participate in a person-centered planning meeting which would help them think about what Joan's life would look like after high school. They asked their regional center service coordinator to lead the meeting. They requested that the meeting be held at Joan's group home.

**Who is on Joan's team?** There were eight people at Joan's meeting. After everyone got comfortable, Joan said hello to everyone and asked Diane to start the meeting. Diane talked for a few minutes about why everyone was there and how they could help Joan and her family develop her plan. She asked everyone to introduce themselves and she also mentioned a few ground rules for team members:

- (1) let everyone have a chance to talk;
- (2) keep everything that is talked about in the room;
- (3) try not to judge anyone's ideas since this was a time to be creative and to think about all of the possibilities; and
- (4) if you say you're going to do something to support Joan, then do it.

Diane started the process by asking Joan: *Who is a part of your life? Who is on your team?* Before the meeting, Diane had asked Bob (Joan's brother) to record what the team had to say on some large sheets of poster paper.

To record the answers to her first question, she asked Bob to draw a big circle with Joan in the middle and then to write Joan's answers around her. When Joan seemed to be done, Diane asked others if there were other important people in Joan's life.

### **What are some great things about Joan?**

This question helped set a positive tone for the evening. It also helped develop a picture of Joan's strengths. When everyone was finished sharing, Diane repeated the list so that Joan could hear these great things again.

**What would Joan's best and her worst day look like?** Getting an idea of Joan's best and worst days helps focus the picture of what is important to her. The team spent a lot of time on this part of the process, and the list was very detailed. Diane asked some very specific questions, like, *What do you like to do the first thing in the morning?* and, *If you were having a bad day, what would you be doing?* Again, the idea here is to build on the picture of Joan and what's important to her. This will be very helpful when it comes time to develop a plan for Joan's life after high school.

**What are Joan's hopes and dreams for the future?** Diane asked Joan, *All things possible, what are your hopes and dreams for the future?* Diane asked Joan's parents, *What do you see yourself doing in the next three to five years?* Diane asked others as well and reminded everyone on the team, *This is a chance to dream about what could be for Joan.*

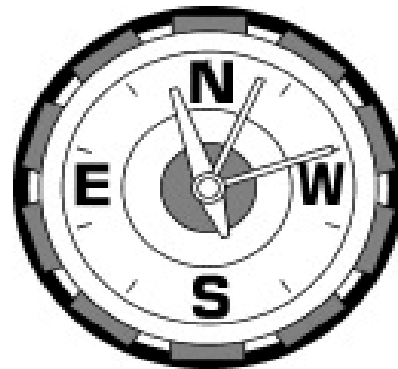
**What is in the way?** Diane wanted to find out if Joan or anyone on the team had any fears about Joan's plans for the future. This is a very important part of planning.

**How can we support Joan?** Diane asked Joan and the team, *What support would help most right now? How can we support Joan in moving toward her future? How can we support her in making those things that are important to her a part of her everyday life?* Everyone had some great ideas about the future and about what they could do right now to support Joan. This really helped encourage everyone to work together as a team.

**It's time to start working on a plan!** Diane asked how everyone was feeling, and everyone was excited and tired at the same time. It had been about two hours, and Diane could see that Joan and others were starting to fade. She asked if everyone would be willing to get back together to work on a plan for Joan, and they all agreed to meet within a week. After the next meeting, it will be Diane's responsibility to write the *Individual Program Plan*.

**Joan's team gets together again.**

Everyone on Joan's team stayed in touch by getting together to talk about how things were going. Six months after their first meeting, they decided to sit down together and help Joan update her plan. They used the same process as before of reporting and recording what had happened on each of Joan's goals.



## Additional Resource

# Fred's Complete Person-Centered Plan

**Note:** On the following pages, you will find the summary of a person-centered planning process. This plan was developed at a group home for people with significant behavior challenges and autism. While the names and some of the facts have been changed, it is based on a real plan.

It is **not** an *Individual Service* or *Program Plan*. It is the information collected from people (for example, family members, Direct Support Professionals) who are involved in Fred's life. It is a snapshot about his preferences, likes, dislikes, health, the concerns of others and what it takes to support him.

There are lots of ways to do person-centered planning. This way is modeled after *Essential Lifestyle Planning*. This plan was completed by the person who is a consultant to the group home on behavior challenges.

The next step in the planning process would for the regional center to develop an *Individual Program Plan* (IPP). The IPP will be discussed in the next module and Fred's IPP can be found there as well.

A few words about Fred. He is almost 30 years old. He has autism and some behaviors that are challenging to the people who work with him. For example, he likes to run off by himself and will do so if someone isn't with him. He does not use words, but uses a few signs and gestures to communicate. He can do a lot of things for himself if you remind him. He goes to a day program during the week and makes a little money for some production work. His mother lives in the same county as Fred's group home and likes to see him as much as possible.

## Fred Jones' Person-Centered Plan

5/7/99

### Who helped work on the plan?

Fred Jones	Fred's mom
Sally Jones	Administrator
Carol Preston	Consultant
Steve Jimenez	Direct Support Professional
Susie Anderson	Direct Support Professional
Meokia Jones	Direct Support Professional
Grace Hernandez	Friend, Former DSP at the home
Marissa Murphy	Regional Center Service Coordinator
Jennifer Asai	

### Some great things about Fred

Fred is:

- very knowledgeable about what's happening around him
- handsome
- strong willed
- affectionate
- helpful
- fun
- social
- a tease with a good sense of humor
- unpredictable and moody at times
- very coordinated with his body
- a good worker
- always observing what's going on
- curious about everything

### Fred's Strong Preferences

#### *Fred loves:*

- Hiking, running/jogging, walking, swimming
- Eating
- Helping staff out with chores
- Chopping vegetables
- Riding in the car/van
- Strings on clothes and scratching his skin with the string
- Putting puzzles together
- Sifting sand

#### *Fred likes:*

- To be tickled, have his back scratched, hand rubs, head rubs, foot rubs and hugs if he is in the mood
- Wearing airy, light, bright colored clothes and dark shoes
- Wearing dark, tight socks that go up to his knees
- Popcorn, healthy chips, fresh beans, pinto beans, garbanzo beans, refried beans, salad with no dressing, pesto, spicy food, salsa, ice cream, cookies, corn dogs, white crackers, steak, beef and broccoli dishes, gumbo, Mexican food, French fries, fried fish, jelly sandwiches, avocados, potatoes, “greasy food”, sugarless candy, apples carrots, natural sodas, bagels
- Books and toys
- Bright colored things
- Practicing communication like forming words and signs
- To make choices as to where he goes and what he does

#### *Fred does not like:*

- Most sandwiches (he will take them apart), pot roast, tuna, mayonnaise, mustard, ketchup, condiments or sauces or dressing on salad
- To take out the trash

#### *Things Fred Wants To Do More:*

We're not really sure, but we think Fred would like to

- Draw, to paint on an easel
- Play games with staff (jenga, activities)



### **Our Biggest Concerns About Fred**

- Throws things including clothes and shoes, over fences, onto rooftops, out windows, out of cars, over cliffs, off high places
- Clog toilets
- Bugs people to get them upset
- Takes off clothes and shoes in public
- Pulls up other's socks
- Leaves the house unsupervised
- Physically intimidates a new staff person working with him
- Takes food he likes from others
- Takes off his seat belt when riding in a car or van
- Rips books and magazines apart
- Empties containers into the sink, especially liquids
- Takes other peoples clothing off (especially socks)
- Spits out medications
- Over eats foods that are not healthy or good for him like raw chicken
- Sometimes goes into other's rooms without their permission
- Stashes stuff in heater vents or behind beds
- Urinates in public and in his bedroom and sometimes drink it
- Smears feces (wipe with his hands)
- Becomes obsessive with hugging and squeezing others
- Does something out of the ordinary when he is not in control
- Makes continuous trips to bathroom
- Can pull strongly when he wants to go

### **Our Biggest Health Concerns About Fred**

- Sometimes get constipated when he eats peanuts, cheeses, dairy products, sugar and caffeine and needs to take laxatives
- His diet and water intake directly affect his constipation and behavior
- He is very sensitive to sugar and food additives and must have his diet monitored
- Has very dry, sensitive skin that needs to be monitored and have lotion (Lubriderm) put on
- He must take his medications as they are prescribed and drink water to combat the dryness
- To have his caffeine monitored because he takes Luvox
- He is susceptible to seizures
- Has allergies that must be monitored
- He must not have a blood transfusion

### To Support Fred Successfully, We Need to

#### *In general:*

- Read his plan and know it before working with him
- Fred needs some help with personal care, washing his hair, putting on lotion after showering, tooth brushing. It's very important that he do as much as he can on his own

#### *In regards to his diet and health:*

- Be sure he has a high fiber diet with plenty of fruit and vegetables
- Do not prepare sandwiches made with mayo, mustard, or ketchup
- Remember he likes jelly sandwiches
- Never feed him pork or processed foods with caffeine
- Limit his salt and sugar intake, it directly affects his health
- Make sure he drinks lots of water
- Make sure he takes his vitamins as scheduled
- Make sure he has lotion for his dry skin, especially in the summertime
- Don't interfere with him smelling his food
- Be prepared for seizures by reading and understanding the seizure protocol
- If Fred is upset for a while, this could mean he is in physical pain, feel his stomach to see if it is hard and making growling noises, if so inform the program supervisor
- If Fred refuses food, interactions or getting out of bed, he could be sick, make sure to give him water and inform the program supervisor
- Remember that Fred needs to exercise daily
- Remember that Fred must wear some kind of footwear when he goes into the community
- Remember that Fred is not to get blood transfusions if he goes to the hospital

*In working with Fred:*

- Give him the opportunity to control activities by choosing where he goes and what he does
- Don't discuss his negative behaviors where he can hear you ... that is disrespectful
- Treat him as an equal, not as a child
- Don't talk about him with others as if he is not there
- Be truthful with him and follow through on what you promise him
- If you can't do an activity or give him a choice, tell him the reasons and explain why
- Fred hates to wait, so let him know you are ready to go only when you are ready to go
- If you are new, Fred may try to intimidate you, so be prepared
- If you need support or shown how to interact and set limits with him, then let your supervisor or coworkers know
- Sometimes Fred will do things that bother you or bug you and if you show it, he will do it more
- Don't show it and if you can't help yourself, then have someone else work with him (if possible)
- Remember that Fred uses signs and gestures and that if you don't understand him, then ask yes and no questions

*In regards to his challenging behavior:*

- Fred must wear his wrist alarm at all times and the door unit must always be on. He will usually want to leave the house when it's crowded, someone is upset, staff changes, he has left successfully in the last few hours or days.
- A staff person should always be in the kitchen/living room area.
- There is a backup alarm system on the front door. Turn it on if the electricity goes off. If you don't know how, then ask someone to show you. There is also an alarm on the back gate near the office and one in the family living room. If the gate is opened, the alarm will go off, so check immediately.
- Don't talk about Fred liking to leave if Fred is within listening range
- Fred loves to play with balls (like basketball), but don't play next to a fence because he will throw it over.
- If he throws something, don't retrieve it in front of him if at all possible
- If Fred takes off any clothing or urinates in public, then he must go home immediately (and be sure to write a special incident report)
- Always remember to have him use the restroom before leaving the house and often when you are in the community



# Worksheets and Activities

## Activity: What's Important for Your Life Quality?

**First, write up a list of the things you like to do?** For example: what kinds of things do you like to do at home? at work? for fun? around town? what kind of music do you like? what kind of movies do you like? what kind of food do you like?

A List of the Things You Like to Do?

**Next, what would a typical day and weekend day look like for you?** For example: what kinds of activities are you doing? what kinds of food would you usually be eating? who else is involved in your life?

A Week Day ...

When you first get up

During the day

At night

A Weekend Day ...

When you first get up

During the day

At night

**Last, which are the things that you need to live a good quality life?** Look at your *list of favorite things to do, your week and weekend days* and ask yourself, which of things do you **have to have in your life every day?** These are the things that you need to live your life the way you want. If you had to live without these things, it would make your life a lot harder. It might be a favorite activity, food, something you like to wear, someone you like to be with and so on. Look at all three lists (favorite things, weekday and weekend) and **circle those things that you need to live a good quality life.**

## Activity: Active Listening - Joe

First, watch the two videos and take some notes. After you have watched them both, work as a group to come up with a list of things that are important to Joe and Bruce. Don't forget to include the things you hear about favorite activities, relationships, and food.

**What did I hear that's important to Joe?**

**What are some other questions I could ask to find out more about what is important to Joe?**



## Activity: Active Listening - Joe

First, watch the two videos and take some notes. After you have watched them both, work as a group to come up with a list of things that are important to Joe and Bruce. Don't forget to include the things you hear about favorite activities, relationships, and food.

What did I hear that's important to Bruce?

What are some other questions I could ask to find out more about what is important to Bruce?

## Activity: Choice-making

Write notes on what choice the group has made and why the group made the choice.

**Choice 1:**

**Why did the group make this choice?**

**Choice 2:**

**Why did the group make this choice?**

**Choice 3:**

**Why did the group make this choice?**

## Activity: Planning with Fred

After you break into small groups, spend about 5 minutes looking over some things we know about Fred. As a group, answer the questions at the end of this activity. Make sure that someone plays Fred and answers your questions about possible activities and meals.

### **Fred's Likes and Dislikes**

*Fred likes:* hiking, running/jogging, walking, swimming; helping staff out with chores; riding in the car or van; sifting sand; drawing; playing games; books; practicing his communication signs; and many different kinds of food (popcorn, healthy chips, fresh beans, pinto beans, garbanzo beans, refried beans, salad with no dressing, pesto, spicy food, salsa, ice cream, cookies, corn dogs, white crackers, steak, beef and broccoli dishes, gumbo, Mexican food, french fries, fried fish, jelly sandwiches, avocados, potatoes, “greasy food”, sugarless candy, apples carrots, natural sodas, bagels).

*Fred does not like:* most sandwiches, pot roast, tuna, mayonnaise, mustard, ketchup, condiments or sauces or dressing on salad; and taking out the trash.

### **To Be Successful with Fred, We Need to -**

- be truthful with him and follow through on what you promise him;
- give him the opportunity to choose where he goes and what he does on outings whenever possible;
- if you can't do an activity or give him a choice, tell him the reasons and explain why;
- let him know you are ready to go only when you are ready to go because Fred hates to wait;
- know that sometimes Fred will do things that bother you or bug you and if you show it, he will do it more; and
- remember that Fred uses signs and gestures and that if you don't understand him, then ask yes and no questions.

### Challenging Behaviors

*Fred's challenging behaviors include:* taking off clothes and shoes in public; leaving the house on his own without telling anyone; takes off his seat belt when riding in a car or van; rips books apart and magazines; spits out medications; and, he urinates in public if he has to go to the bathroom.

### To Work with Fred's Challenging Behaviors, We Need to -

- remember that he will usually want to leave the house when it's crowded, someone is upset, or when staff changes;
- make sure that a staff person always knows where he is in the house;
- take him home immediately, if he takes off any clothing or urinates in public; and
- always remember to ask him to use the restroom before leaving the house and often when you are in the community.

### Health Concerns

*Fred's health concerns include:* sometimes get constipated when he eats peanuts, cheeses, dairy products, sugar and caffeine; very sensitive to sugar and food additives; must take his medications as they are prescribed and drink lots of water; he sometimes has seizures; he has allergies; and he must not have a blood transfusion.

### To Support Fred's Health, We Need to -

- be sure he has a high fiber diet with plenty of fruit and vegetables;
- prepare sandwiches without mayo, mustard, or ketchup;
- make sure he drinks lots of water;
- understanding the seizure protocol;
- make sure he has an opportunity to exercise daily; and
- remember that Fred cannot get a blood transfusions if he goes to the hospital.

## Activity: Planning with Fred

As a group, answer the following questions based on what you know about Fred. Make sure that someone plays Fred and answers your **yes** and **no** questions about possible activities and meals.

1. **Some possible activities for the week.**

2. **A menu for two dinners.**

## Activity: Successfully Supporting Fred A Team Summary

After you have divided up into small groups, one of you should be a recorder for this activity. You and your team are working on **A Team Summary** for Fred who lives in the home where you work. This will help all staff remember what works and what doesn't work. It's time to complete a summary for Fred. As a team, write up a list of the most important things that everyone needs to do to be successful in supporting Fred. Once again, make sure that someone plays Fred and answers your **yes** and **no** questions. You can look back at Fred's plan and don't forget diet, health, safety and behavior challenges.

**What Should You Always Do?**

**What Should You Never Do?**

## Optional Activity: Looking at Service Quality

Adapted from Department of Developmental Services (1999)

As you read each of the following statements, think about the services for people who live in the home where you work. **What do you think about those services and supports most of the time?**

	Yes	Could Be Improved	No
<b>CHOICE</b>			
We know each person's likes, dislikes, and needs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual choices and preferences are a part of each person's daily life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If individuals cannot communicate, there is someone who helps speak for that person (for example, family member, advocate)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We all know the goals in each person's Individual Program Plan ? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each individual has opportunities for making everyday (for example, when to get up, what to wear, what to eat) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each individual has opportunities for making major life decisions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and support in choice and decision-making is provided for individuals as needed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RELATIONSHIPS</b>			
Individuals make contact with family, friends, and community members on a regular basis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals have opportunities to meet new friends .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People have a choice of who to spend time with and where .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People have the support they need for having contacts with family, friends, and community members .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People have the support they need to make new friends and caring relationships .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone is available and willing if an individual wants to talk about relationship difficulties (for example, problems with boyfriends or girlfriends) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	Could Be Improved	No
<b>LIFESTYLE</b>			
Each individual has a method of communication and someone to talk to (in their same language) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each person has adaptive devices or equipment as needed (for example, a communication device, wheelchair, special eating utensils) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each individual has opportunities for learning things that lead to greater independence .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each person have opportunities for completing everyday life activities on his or her own or with support..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We know the religious or cultural preferences of each person and honor those preferences .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each individual participates in everyday community activities with other community members ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEALTH and WELL-BEING</b>			
The home accessible and safe for each person who lives there .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each person has opportunities to exercise .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals are provided with health care to meet their needs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We all know about the medications (and side effects) used by each individual .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about safe sex, drugs, and/or alcohol abuse is provided if needed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each person knows what to do in an emergency or there is someone to help him/her in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Yes	Could Be Improved	No
<b>RIGHTS</b>			
Each individual is safe from abuse, neglect, or exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each person knows his/her rights and responsibilities and is supported in learning about them .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals speak up for themselves or receive training or support in speaking up for themselves .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals have training or support on what to do if harmed by someone else .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals are treated with respect by those who work with him or her and by others in the community .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SATISFACTION</b>			
Individuals are satisfied with the services and supports they receive in the home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and family of the individual are satisfied with the services and supports we provide .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are opportunities for the individuals we support to tell us if they are not satisfied .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are satisfied with the services and supports we provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, the people we support are happy with their lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Optional Activity: Looking at Service Quality

As a group, figure out the number of **yes** and **could be improved** or **No** for each section (for example, CHOICE).

	Yes	Could Be Improved or No
CHOICE	_____	_____
RELATIONSHIPS	_____	_____
LIFESTYLE	_____	_____
HEALTH and WELL-BEING	_____	_____
RIGHTS	_____	_____
SATISFACTION	_____	_____

Now, write below the three areas with the highest **yes** numbers:

\_\_\_\_\_

Next, write down the area with highest **could be improved** and **no** number:

\_\_\_\_\_

What are some ways you can think of to improve services in that area?